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Bib Data Sheet

CONFIRMATION NO. 9310

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|------------------------------------|---|---------------------|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>10/693,795 | <b>FILING OR 371(c) DATE</b><br>10/24/2003<br><b>RULE</b> | <b>CLASS</b><br>356 | <b>GROUP ART UNIT</b><br>2877 | <b>ATTORNEY DOCKET NO.</b><br>15436.247.1.1 |
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**\*\* CONTINUING DATA \*\*\*\*\*** *I.A.*

This appln claims benefit of 60/422,069 10/28/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *I.A.*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
 06/04/2004

|   |                               |                            |                           |                                |
|---|-------------------------------|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | <b>STATE OR COUNTRY</b><br>CA | <b>SHEETS DRAWING</b><br>8 | <b>TOTAL CLAIMS</b><br>19 | <b>INDEPENDENT CLAIMS</b><br>3 |
| 35 USC 119 (a-d) conditions met, <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                               |                            |                           |                                |
| Verified and Acknowledged <i>[Signature]</i><br>Examiner's Signature Initials   |                               |                            |                           |                                |

**ADDRESS**

22913

**TITLE**

Photonic device package with aligned lens cap

|                                   |   |   |
|-----------------------------------|---|---|
| <b>FILING FEE RECEIVED</b><br>900 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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